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Spanish-Speaking Hispanics in North Carolina: Health Status, Access to Health Care, and Quality of Life Results from the 2002 and 2003 NC BRFSS Surveys

by

Harry Herrick, MSPH, MSW
Ziya Gizlice, PhD

ABSTRACT

Purpose: The purpose of this study is to provide data on key public health indicators for the state's Hispanic Spanish-speaking population, and to compare these results with those for English-speaking Hispanics and non-Hispanic African Americans and whites. Comparison with other demographic groups provides the context for evaluating the health risks and health care needs of the Spanish-speaking population.

Methods: Respondents who completed the North Carolina Behavioral Risk Factor Surveillance System (BRFSS) 2002 and 2003 Spanish questionnaires comprised the Spanish-speaking group. Respondents who self-identified as Hispanic and completed the questionnaire in English comprised the English-speaking Hispanic group. The results for the Spanish-speaking group were then compared with those of the English-speaking Hispanic group and those of non-Hispanic African Americans and whites. Overall, the two-year study population consisted of 376 Spanish-speaking respondents; 264 English-speaking Hispanic respondents; 2,898 non-Hispanic African Americans; and 11,892 non-Hispanic whites. From the BRFSS Survey, 17 indicators were constructed to cover the topics of behavioral and health risk, access to health care, use of preventive services, quality of life, and prevalence of chronic disease.

Results: Spanish-speaking Hispanics represent a distinct demographic population, characterized by young age and very low levels of education and income. They constitute a high-risk group, characterized by a combination of limited access to health care, limited use of preventive services, and poor health status. For example, more than two-thirds (69%) of Spanish-speaking Hispanics were uninsured during the study period and fewer than 20 percent reported having a personal doctor. Similarly, access to preventive care was also limited; Spanish-speaking Hispanics were the least likely of any group to report having a dental visit or flu shot in the past year. Moreover, more than one-third (38%) of Spanish-speaking Hispanics reported being in fair or poor health, and more than half (57%) reported no leisure-time physical activity.

Conclusion: The elevated risks of fair/poor health, lack of adequate nutrition, low level of leisure-time physical activity, and lack of health insurance among Spanish-speaking Hispanics in North Carolina call for public health action to remedy negative health outcomes. Furthermore, the persistence of these problems among Spanish-speakers could lead to an excess burden of chronic disease and morbidity as that population ages.

